

# EXHIBIT A-3

**EXHIBIT A:**

**SHORT FORM  
COMPLAINT –  
VERSION 4.0**

**IN THE UNITED STATES DISTRICT COURT  
FOR THE DISTRICT OF NEW JERSEY  
CAMDEN VICINAGE**

**In re: Valsartan, Losartan, and Irbesartan  
Products Liability Litigation**

MDL No. 2875

Honorable Robert B. Kugler,  
District Court Judge

This document relates to:

Honorable Joel Schneider,  
Magistrate Judge

**SHORT FORM COMPLAINT – Version 4.0**

Plaintiff(s) file(s) this *Short Form Complaint and Demand for Jury Trial* against Defendants named below by and through the undersigned counsel. Plaintiff(s) incorporate(s) by reference the allegations contained in Plaintiffs' Second Amended Master Personal Injury Complaints for Valsartan (filed concurrently), Losartan (ECF No. 682) and Irbesartan (ECF No. 683), MDL 2875 in the United States District Court for the District of New Jersey, Camden Vicinage. Plaintiff(s) file this Short Form Complaint as permitted by Case Management Order Nos. 3, 9, 13, 13B, and 19 of this Court and the Court's Orders on the Motions to Dismiss [ECF Nos. 675, 676, 725, 728, 289, 775, 776, 818, 819, 839, 1019, and 1020].

In addition to those causes of action contained in Plaintiffs' Master Long Form Complaints as referenced above, where certain claims require specific pleadings and/or amendments, Plaintiff(s) shall add and include them herein.

**IDENTIFICATION OF PARTIES****I. IDENTIFICATION OF PLAINTIFF(S)**

1. Name of individual who alleges injury due to use of a valsartan, losartan, and/or irbesartan-containing drug: \_\_\_\_\_  
\_\_\_\_\_
2. This claim is being brought on behalf of
  - ☐ Myself
  - ☐ Someone else
    - a. If I checked, "someone else", this claim is being brought on behalf of: \_\_\_\_\_
    - b. My relationship to the person in 2(a) is: \_\_\_\_\_
3. Consortium Claim(s): The following individual(s) allege damages for loss of consortium: \_\_\_\_\_
4. County and state of residence of Plaintiff or place of death of Decedent: \_\_\_\_\_  
\_\_\_\_\_
5. If a survival and/or wrongful death claim is asserted:
  - a. Name of the individual(s) bringing the claims on behalf of the decedent's estate, and status (i.e., personal representative, administrator, next of kin, successor in interest, etc.): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**II. IDENTIFICATION OF DEFENDANTS**

1. Plaintiff brings these claims as a result of developing injuries as a result of taking the following medication(s):

	Medication(s) Taken (Check all that apply)
<input type="checkbox"/>	Valsartan-Containing Drugs (VCDs)
<input type="checkbox"/>	Losartan Containing Drugs (LCDs)
<input type="checkbox"/>	Irbesartan-Containing Drugs (ICDs)

2. Plaintiff(s) bring claims against the following Defendants related to his or her ingestion of Valsartan:

*(\*Defendants with asterisks next to their names have been dismissed pursuant to a dismissal and tolling stipulation entered by the Parties. By checking the box next to any asterisked Defendant(s), Plaintiff thereby represents that he or she would have brought an action against said Defendant(s) but for the dismissal and tolling stipulation.)*

*i. API Manufacturers*

	Defendant Role	Defendant Name	HQ States
<input type="checkbox"/>	API Manufacturer	Aurobindo Pharma, Ltd.	Foreign
<input type="checkbox"/>	API Manufacturer Parent Corporation	Hetero Drugs, Ltd.	Foreign
<input type="checkbox"/>	API Manufacturer	Hetero Labs, Ltd.	Foreign
<input type="checkbox"/>	API Manufacturer	Mylan Laboratories Ltd.	Foreign
<input type="checkbox"/>	API Manufacturer Parent Corporation	Mylan N.V.	Foreign
<input type="checkbox"/>	API Manufacturer	Zhejiang Huahai Pharmaceutical Co., Ltd.	Foreign
<input type="checkbox"/>	API Manufacturer	John Doe	N/A

*ii. Finished Dose Manufacturers*

	Defendant Role	Defendant Name	HQ States
<input type="checkbox"/>	Finished Dose Manufacturer	Aurolife Pharma, LLC	NJ
<input type="checkbox"/>	Finished Dose Manufacturer	Hetero Labs, Ltd.	Foreign
<input type="checkbox"/>	Finished Dose Manufacturer	Mylan Pharmaceuticals Inc.	WV
<input type="checkbox"/>	Finished Dose Manufacturer	Teva Pharmaceutical Industries Ltd.	Foreign
<input type="checkbox"/>	Finished Dose Manufacturer	Torrent Pharmaceuticals, Ltd.	Foreign
<input type="checkbox"/>	Finished Dose Manufacturer	Zhejiang Huahai Pharmaceutical Co., Ltd.	Foreign
<input type="checkbox"/>	Finished Dose Manufacturer	John Doe	N/A

*iii. Repackagers, Labelers, and Distributors*

	Defendant Role	Defendant Name	HQ States
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<input type="checkbox"/>	<b>Finished Dose Distributor</b>	Actavis LLC	NJ
<input type="checkbox"/>	<b>Finished Dose Distributor</b>	Actavis Pharma, Inc.	NJ
<input type="checkbox"/>	<b>Repackager</b>	A-S Medication Solutions, LLC*	NE
<input type="checkbox"/>	<b>Finished Product Distributor</b>	Aurobindo Pharma USA, Inc.	NJ
<input type="checkbox"/>	<b>Repackager</b>	AvKARE, Inc.*	TN
<input type="checkbox"/>	<b>Repackager</b>	Bryant Ranch Prepack, Inc.*	PA
<input type="checkbox"/>	<b>Labeler/Distributor</b>	Camber Pharmaceuticals, Inc.	NJ
<input type="checkbox"/>	<b>Parent Company for The Harvard Drug Group, L.L.C. d/b/a Major Pharmaceuticals</b>	Cardinal Health, Inc.	OH
<input type="checkbox"/>	<b>Repackager</b>	The Harvard Drug Group, LLC d/b/a Major Pharmaceuticals*	MI
<input type="checkbox"/>	<b>Repackager</b>	H J Harkins Co., Inc. *	CA
<input type="checkbox"/>	<b>API Distributor</b>	Huahai U.S. Inc.	NJ
<input type="checkbox"/>	<b>Repackager</b>	Northwind Pharmaceuticals*	IN
<input type="checkbox"/>	<b>Repackager</b>	NuCare Pharmaceuticals, Inc.*	CA
<input type="checkbox"/>	<b>Repackager</b>	Preferred Pharmaceuticals, Inc.*	CA
<input type="checkbox"/>	<b>Repackager</b>	RemedyRepack, Inc.*	PA
<input type="checkbox"/>	<b>Finished Dose Distributor</b>	Solco Healthcare U.S., LLC	NJ
<input type="checkbox"/>	<b>Finished Dose Distributor</b>	Teva Pharmaceuticals USA, Inc.	PA
<input type="checkbox"/>	<b>Finished Dose Distributor</b>	Torrent Pharma, Inc.	NJ
<input type="checkbox"/>	<b>Labeler/Distributor/Repackager</b>	John Doe	N/A

*iv. Wholesaler Defendants*

	<b>Defendant Role</b>	<b>Defendant Name</b>	<b>HQ States</b>
<input type="checkbox"/>	<b>Wholesaler</b>	AmerisourceBergen Corporation	PA
<input type="checkbox"/>	<b>Wholesaler</b>	Cardinal Health, Inc.	OH
<input type="checkbox"/>	<b>Wholesaler</b>	McKesson Corporation	TX
<input type="checkbox"/>	<b>Wholesaler</b>	John Doe	N/A

*v. Pharmacies*

	Defendant Role	Defendant Name	HQ States
<input type="checkbox"/>	Pharmacy	Albertsons Companies, LLC	ID
<input type="checkbox"/>	Pharmacy	CVS Health, Inc.	RI
<input type="checkbox"/>	Pharmacy	Express Scripts, Inc.	MO
<input type="checkbox"/>	Pharmacy	Humana Pharmacy, Inc.	KY
<input type="checkbox"/>	Pharmacy	OptumRx	CA
<input type="checkbox"/>	Pharmacy	Rite Aid Corp.	PA
<input type="checkbox"/>	Pharmacy	Walgreen Co.	IL
<input type="checkbox"/>	Pharmacy	The Kroger Co.	
<input type="checkbox"/>	Pharmacy	Wal-Mart, Inc.	AR
<input type="checkbox"/>	Pharmacy	John Doe	N/A

*vi. FDA Liaisons*

	Defendant Role	Defendant Name	HQ States
<input type="checkbox"/>	FDA Liaison	Hetero USA, Inc.	NJ
<input type="checkbox"/>	FDA Liaison	Prinston Pharmaceutical Inc.	NJ
<input type="checkbox"/>	FDA Liaison	John Doe	N/A

3. Plaintiff(s) bring claims against the following Defendants related to his or her ingestion of Losartan:

*(\*Defendants with asterisks next to their names have been dismissed pursuant to a dismissal and tolling stipulation entered by the Parties. By checking the box next to any asterisked Defendant(s), Plaintiff thereby represents that he or she would have brought an action against said Defendant(s) but for the dismissal and tolling stipulation.)*

*i. API Manufacturers*

	Defendant Role	Defendant Name	HQ States
<input type="checkbox"/>	API Manufacturer Parent Corporation	Hetero Drugs, Ltd.	Foreign
<input type="checkbox"/>	API Manufacturer	Hetero Labs, Ltd.	Foreign
<input type="checkbox"/>	API Manufacturer	Zhejiang Huahai Pharmaceutical Co., Ltd.	Foreign
<input type="checkbox"/>	API Manufacturer	John Doe	N/A

*i. Finished Dose Manufacturers*

	Defendant Role	Defendant Name	HQ States
<input type="checkbox"/>	Finished Dose Manufacturer	Hetero Labs, Ltd.	Foreign
<input type="checkbox"/>	Finished Dose Manufacturer	Macleods Pharmaceuticals, Ltd.	Foreign

<input type="checkbox"/>	<b>Finished Dose Manufacturer</b>	Macleods Pharma USA, Inc.	NJ
<input type="checkbox"/>	<b>Finished Dose Manufacturer</b>	Sandoz, Inc.	NJ
<input type="checkbox"/>	<b>Finished Dose Manufacturer</b>	Teva Pharmaceutical Industries Ltd.	Foreign
<input type="checkbox"/>	<b>Finished Dose Manufacturer</b>	Torrent Pharmaceuticals, Ltd.	Foreign
<input type="checkbox"/>	<b>Finished Dose Manufacturer</b>	Vivimed Life Sciences Pvt. Ltd.	Foreign
<input type="checkbox"/>	<b>Finished Dose Manufacturer</b>	Zhejiang Huahai Pharmaceutical Co., Ltd.	Foreign
<input type="checkbox"/>	<b>Finished Dose Manufacturer</b>	John Doe	N/A

*i. Repackagers, Labelers, and Distributors*

	<b>Defendant Role</b>	<b>Defendant Name</b>	<b>HQ States</b>
<input type="checkbox"/>	<b>Finished Dose Distributor</b>	Actavis LLC	NJ
<input type="checkbox"/>	<b>Finished Dose Distributor</b>	Actavis Pharma, Inc.	NJ
<input type="checkbox"/>	<b>Repackager</b>	AvKARE, Inc.	TN
<input type="checkbox"/>	<b>Labeler/Distributor</b>	Camber Pharmaceuticals, Inc.	NJ
<input type="checkbox"/>	<b>Parent Company for The Harvard Drug Group, L.L.C. d/b/a Major Pharmaceuticals</b>	Cardinal Health, Inc.	OH
<input type="checkbox"/>	<b>Repackager</b>	Golden State Medical Supply, Inc. (GSMS)	CA
<input type="checkbox"/>	<b>Repackager</b>	The Harvard Drug Group, LLC d/b/a Major Pharmaceuticals *	MI
<input type="checkbox"/>	<b>Repackager</b>	Heritage Pharmaceuticals, Inc. d/b/a/ Avet Pharmaceuticals	NJ
<input type="checkbox"/>	<b>Repackager</b>	H J Harkins Co., Inc. d/b/a PharmaPac	CA
<input type="checkbox"/>	<b>API Distributor</b>	Huahai U.S. Inc.	NJ
<input type="checkbox"/>	<b>Repackager</b>	Legacy Pharmaceutical Packaging, LLC	MO
<input type="checkbox"/>	<b>Repackager</b>	Preferred Pharmaceuticals, Inc.	CA
<input type="checkbox"/>	<b>Repackager</b>	RemedyRepack, Inc.	PA
<input type="checkbox"/>	<b>Finished Dose Distributor</b>	Solco Healthcare U.S., LLC	NJ



<input type="checkbox"/>	<b>Finished Dose Distributor</b>	Teva Pharmaceuticals USA, Inc.	PA
<input type="checkbox"/>	<b>Finished Dose Distributor</b>	Torrent Pharma, Inc.	NJ
<input type="checkbox"/>	<b>Labeler/Distributor/Repackager</b>	John Doe	N/A

*i. Wholesaler Defendants*

	<b>Defendant Role</b>	<b>Defendant Name</b>	<b>HQ States</b>
<input type="checkbox"/>	<b>Wholesaler</b>	AmerisourceBergen Corporation	PA
<input type="checkbox"/>	<b>Wholesaler</b>	Cardinal Health, Inc.	OH
<input type="checkbox"/>	<b>Wholesaler</b>	McKesson Corporation	TX
<input type="checkbox"/>	<b>Wholesaler</b>	John Doe	N/A

*ii. Pharmacies*

	<b>Defendant Role</b>	<b>Defendant Name</b>	<b>HQ States</b>
<input type="checkbox"/>	<b>Pharmacy</b>	Albertsons Companies, LLC	ID
<input type="checkbox"/>	<b>Pharmacy</b>	CVS Pharmacy, Inc.	RI
<input type="checkbox"/>	<b>Pharmacy</b>	Express Scripts, Inc.	MO
<input type="checkbox"/>	<b>Pharmacy</b>	Humana Pharmacy, Inc.	KY
<input type="checkbox"/>	<b>Pharmacy</b>	OptumRx	CA
<input type="checkbox"/>	<b>Pharmacy</b>	Rite Aid Corp.	PA
<input type="checkbox"/>	<b>Pharmacy</b>	Walgreens Boots Alliance	IL
<input type="checkbox"/>	<b>Pharmacy</b>	Wal-Mart, Inc.	AR
<input type="checkbox"/>	<b>Pharmacy</b>	John Doe	N/A

*iii. FDA Liaisons*

	<b>Defendant Role</b>	<b>Defendant Name</b>	<b>HQ States</b>
<input type="checkbox"/>	<b>FDA Liaison</b>	Hetero USA, Inc.	NJ
<input type="checkbox"/>	<b>FDA Liaison</b>	Princeton Pharmaceutical Inc.	NJ
<input type="checkbox"/>	<b>FDA Liaison</b>	John Doe	N/A

**4. Plaintiff(s) bring claims against the following Defendants related to his or her ingestion of Irbesartan:**

*(\*Defendants with asterisks next to their names have been dismissed pursuant to a dismissal and tolling stipulation entered by the Parties. By checking the box next to any asterisked Defendant(s), Plaintiff thereby represents that he or she would have brought an action against said Defendant(s) but for the dismissal and tolling stipulation.)*

*i. API Manufacturers*

	Defendant Role	Defendant Name	HQ States
<input type="checkbox"/>	API Manufacturer	Aurobindo Pharma, Ltd.	Foreign
<input type="checkbox"/>	API Manufacturer	Zhejiang Huahai Pharmaceutical Co., Ltd.	Foreign
<input type="checkbox"/>	API Manufacturer	John Doe	N/A

*ii. Finished Dose Manufacturers*

	Defendant Role	Defendant Name	HQ States
<input type="checkbox"/>	Finished Dose Manufacturer	Aurolife Pharma, LLC	NJ
<input type="checkbox"/>	Finished Dose Manufacturer	ScieGen Pharmaceuticals, Inc., U.S.	NY
<input type="checkbox"/>	Finished Dose Manufacturer	Zhejiang Huahai Pharmaceutical Co., Ltd.	Foreign
<input type="checkbox"/>	Finished Dose Manufacturer	John Doe	N/A

*iii. Repackagers, Labelers, and Distributors*

	Defendant Role	Defendant Name	HQ States
<input type="checkbox"/>	Repackager	Golden State Medical Supply, Inc. (GSMS)	CA
<input type="checkbox"/>	Finished Dose Distributor	Westminster Pharmaceuticals	TN
<input type="checkbox"/>	Labeler/Distributor/Repackager	John Doe	N/A

*iv. Wholesaler Defendants*

	Defendant Role	Defendant Name	HQ States
<input type="checkbox"/>	Wholesaler	AmerisourceBergen Corporation	PA
<input type="checkbox"/>	Wholesaler	Cardinal Health, Inc.	OH
<input type="checkbox"/>	Wholesaler	McKesson Corporation	TX
<input type="checkbox"/>	Wholesaler	John Doe	N/A

*v. Pharmacies*

	Defendant Role	Defendant Name	HQ States
<input type="checkbox"/>	Pharmacy	Albertsons Companies, LLC	ID
<input type="checkbox"/>	Pharmacy	CVS Pharmacy, Inc.	RI
<input type="checkbox"/>	Pharmacy	Express Scripts, Inc.	MO
<input type="checkbox"/>	Pharmacy	Humana Pharmacy, Inc.	KY
<input type="checkbox"/>	Pharmacy	OptumRx	CA

<input type="checkbox"/>	Pharmacy	Rite Aid Corp.	PA
<input type="checkbox"/>	Pharmacy	Walgreens Boots Alliance	IL
<input type="checkbox"/>	Pharmacy	Wal-Mart, Inc.	AR
<input type="checkbox"/>	Pharmacy	John Doe	N/A

*vi. FDA Liaisons*

	Defendant Role	Defendant Name	HQ States
<input type="checkbox"/>	FDA Liaison	Princeton Pharmaceutical Inc.	NJ
<input type="checkbox"/>	FDA Liaison	John Doe	N/A

**III. JURISDICTION AND VENUE**

7. Jurisdiction is based on:

- ☐ Diversity of Citizenship  
☐ Other as set forth below: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Venue: District and Division in which remand and trial is proper and where you might have otherwise filed this Short Form Complaint, absent the Direct Filing Order entered by this Court: \_\_\_\_\_

**IV. PLAINTIFF'S INJURIES**

9. Injuries: Plaintiff was diagnosed with the following type of cancer:

<input type="checkbox"/>	Liver	<input type="checkbox"/>	Kidney
<input type="checkbox"/>	Stomach	<input type="checkbox"/>	Colorectal
<input type="checkbox"/>	Pancreatic	<input type="checkbox"/>	Esophageal
<input type="checkbox"/>	Small Intestine	<input type="checkbox"/>	Other:

**CAUSES OF ACTION**

10. Plaintiff(s) hereby adopt(s) and incorporate(s) by reference the *Master Long Form Complaints and Jury Demand* as if fully set forth herein.

11. The following claims and allegations asserted in the *Master Long Form Complaint and Jury Demand* are herein adopted by Plaintiff(s):

- ☐ Count I: Strict Liability – Manufacturing Defect
- ☐ Count II: Strict Liability – Failure to Warn
- ☐ Count III: Strict Liability – Design Defect
- ☐ Count IV: Negligence
- ☐ Count V: Negligence Per Se
- ☐ Count VI: Breach of Express Warranty
- ☐ Count VII: Breach of Implied Warranty
- ☐ Count VIII: Fraud
- ☐ Count IX: Negligent Misrepresentation
- ☐ Count X: Breach of Consumer Protection Statutes of the state(s) of: \_\_\_\_\_
- ☐ Count XI: State-Law Product Liability Act Claims<sup>1</sup>
  - ☐ A. Connecticut Product Liability Act
  - ☐ B. Indiana Product Liability Act
  - ☐ C. Kansas Product Liability Act
  - ☐ D. Louisiana Product Liability Act
  - ☐ E. Mississippi Product Liability Act
  - ☐ F. New Jersey Product Liability Act
  - ☐ G. North Carolina Product Liability Act
  - ☐ H. Ohio Product Liability Act
  - ☐ I. Tennessee Product Liability Act
  - ☐ J. Washington Product Liability Act
- ☐ Count XII: Wrongful Death
- ☐ Count XIII: Survival Action
- ☐ Count XIV: Loss of Consortium
- ☐ Count XV: Punitive Damages
- ☐ Other State Law Causes of Action as Follows:

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<sup>1</sup> To the extent Plaintiff brings claims under a PLA for injuries sustained as a result of injuries caused by irbesartan or losartan, Plaintiff hereby incorporates all factual allegations pled in the Master Complaints to support the common law causes of action which are subsumed by the PLA.

12. **Fraud Count:** Plaintiff adopts, incorporates and relies upon the allegations made in the Master Complaint. Any additional Plaintiff-specific allegations as to the Fraud Count must be set forth here: \_\_\_\_\_

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13. **Express Warranty Count:** Plaintiff adopts, incorporates, and relies upon the allegations made in the Master Complaint. Any additional Plaintiff-specific allegations as to the Express Warranty Count must be set forth here: \_\_\_\_\_

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14. **Plaintiff(s)** further bring claims against the following additional Defendants who are not listed above, and such claims are based upon the following grounds:

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**WHEREFORE,** Plaintiff(s) pray(s) for relief and demand(s) a trial by jury as set forth in the Plaintiffs' Master Long Form Complaint in MDL 2875 in the United States District Court for the District of New Jersey.

Dated: \_\_\_\_\_

/s/ \_\_\_\_\_

Attorney Name

**Attorney Firm**

Attorney Address Line 1

Attorney Address Line 2

Telephone: (###) ###-####

Fax: (###) ###-####

[attorney@email.com](mailto:attorney@email.com)

*Counsel for Plaintiff(s)*